

FORM
CLT-4SMONTANA SMALL BUSINESS
CORPORATION TAX RETURN

1996

Check if
Applicable:

Initial Return

Final Return

Multistate Corporation

Name:

Address:

City, State, Zip Code:

FEIN: _____

Federal Business Code: _____

Incorporated in State of: _____

Date: _____

Date Qualified in Montana: _____

Reporting Method: Cash _____ Accrual _____ Other (Specify) _____

1. Ordinary income (loss) from trade or business activities (FORM 1120S, page 1, line 21).....	1	
2. Net income (loss) from rental real estate activities (attach Form 8825).....	2	
3.(a) Gross income from other rental activities..... 3(a)		
(b) Expenses from other rental activities (attach schedule)..... 3(b)		
Net income (loss) from other rental activities. (subtract line 3b from line 3a).....	3	
4. Portfolio income (loss):		
(a) Interest income..... 4(a)		
(b) Dividend income..... 4(b)		
(c) Royalty income..... 4(c)		
(d) Net short-term capital gain/(loss) (attach Federal Schedule D)..... 4(d)		
(e) Net long-term capital gain/(loss) (attach Federal Schedule D)..... 4(e)		
(f) Other portfolio income..... 4(f)		
Total Portfolio Income.....	4	
5. Net gain (loss) under section 1231 (other than due to casualty or theft) (attach Form 4797).....	5	
6. Other income.....	6	
7. Total lines 1 through 6.....	7	
8. Charitable contributions (attach schedule).....	8	
9. Section 179 expense deduction (attach Form 4562).....	9	
10. Deductions related to portfolio income/(loss) (you must itemize).....	10	
11. Other deductions (attach schedule).....	11	
12. Total lines 8 through 11.....	12	
13. Add: a. Taxes based on income or profits..... 13(a)		
b. Federal tax exempt interest..... 13(b)		
c. Other additions (ATTACH DETAILED BREAKDOWN)..... 13(c)		
Total Montana Additions to Income.....	13	
14. Less: a. Deduction for purchase of recycled materials..... 14(a)		
b. Other reductions (ATTACH DETAILED BREAKDOWN)..... 14(b)		
Total Montana Reductions to Income.....	14	
15. Income taxable to shareholders (line 7 - line 12 + line 13 - line 14).....	15	
16. Multistate Taxpayers: line 15 X _____ % from Schedule K, line 5.....	16	
17. Multistate Taxpayers: income allocated directly to Montana.....	17	
18. Total credits available to be claimed by shareholders.....	18	
19. Montana Small Business Filing Fee (See instructions) \$10.....	19	\$1000
20. Less: Tentative payment.....	20	()
21. Penalty @ 10% of line 19.....	21	
22. Interest from due date @ 12% per annum of line 19.....	22	
23. Total due (line 19 - 20 + 21 + 22).....	23	

☐ Check here, if you DO NOT need the Montana Small Business Corporation Tax Return and Instructions sent to you next year.

ATTACH REMITTANCE PAYABLE TO DEPARTMENT OF REVENUE

A COPY OF YOUR FEDERAL FORM 1120S MUST BE ATTACHED

Schedule K

Apportionment Factors for Multistate Taxpayers

A. EVERYWHERE

B. MONTANA

C. FACTOR

1. Property Factor:

(B divided by A = C)

Use average value for real and tangible personal property:

Land.....			
Buildings.....			
Machinery.....			
Equipment.....			
Furniture and fixtures.....			
Inventories.....			
Supplies and other.....			
Rents X 8.....			
TOTAL Property.....			%

2. Payroll Factor:

Compensation of officers.....			
Salaries and wages.....			
Payroll included in:			
Cost of goods sold.....			
Repairs.....			
Other deductions.....			
TOTAL Payroll.....			%

3. Sales (Gross Receipts) Factor:

Gross sales, less returns.....			
Other (attach schedule).....			
TOTAL Sales.....			%

4. Sum of Factors (add lines 1, 2, and 3).....%

5. APPORTIONMENT FACTOR (1/3 of line 4) (Enter here and on line 16, page 1).....%

Shareholder Information (See Page 1 of Instructions):

NAME	Social Security #	Montana Resident	Compensation	Ownership %	Profit (Loss)%
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

DECLARATION

This return must be signed by one of the following: president, vice-president, treasurer, assistant treasurer, or chief accounting officer.

I, the undersigned officer of the corporation for which this return is made, hereby declare that this return, including all accompanying schedules and statements; is to the best of my knowledge and belief, a true, correct and complete return, made in good faith for the income period stated, pursuant to the Montana Corporation License Tax Law and Regulation.

Signature of officer _____ Date _____

Name of person or firm preparing return _____ Date _____

Title _____ Telephone number _____

Address and Zip Code _____ Telephone number _____